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## BIB DATA SHEET

CONFIRMATION NO. 2185

<b>SERIAL NUMBER</b> 10/662,775	<b>FILING or 371(c) DATE</b> 09/15/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1611	<b>ATTORNEY DOCKET NO.</b> 930071-2001		
<b>APPLICANTS</b> Andrea Marinello, Verona, ITALY; Vittoria Marinello, Verona, ITALY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> ITALY VR2002A000094 09/25/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/08/2003						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ISIS A D GHALI/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> FROMMER LAWRENCE & HAUG 745 FIFTH AVENUE- 10TH FL. NEW YORK, NY 10151 UNITED STATES						
<b>TITLE</b> Apparatus for the introduction of a new system for the treatment of maxillary and frontal sinusitis and neuritis and neuralgia of the trigeminal nerve						
<b>FILING FEE RECEIVED</b> 576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			